

Revision for Grant Project Number \_\_\_\_\_

Date \_\_\_\_\_

<b>BUDGET SUMMARY FORM</b>			
BUDGET CATEGORY:	JAG	MATCH	GOV USE ONLY
<b>PERSONNEL: (LIST EACH POSITION TO BE FUNDED)</b>			
A. _____ N or E			
B. _____ N or E			
C. _____ N or E			
D. _____ N or E			
E. _____ N or E			
<b>Subtotal</b>	\$0	\$0	
<b>FRINGE BENEFITS:</b>			
A. FICA			
B. Unemployment Insurance			
C. Health Insurance			
D. Workers' Compensation			
E. Other (Specify) _____			
<b>Subtotal</b>	\$0	\$0	
<b>TRAVEL/TRAINING:</b>			
A. Local Travel			
B. Conferences/Workshops			
C. Other (Specify) _____			
<b>Subtotal</b>	\$0	\$0	
<b>SUPPLIES AND COMMUNICATIONS:</b>			
A. Supplies - Office (specify in budget narrative)			
B. Supplies - Other (specify in budget narrative)			
C. Telecommunications Expense			
D. Postage			
E. Printing			
<b>Subtotal</b>	\$0	\$0	
<b>EQUIPMENT:</b>			
A. Equipment/Other Fixed Assets			
B. Equipment Repair & Maintenance			
<b>Subtotal</b>	\$0	\$0	
<b>CONTRACTUAL SERVICES:</b>			
A. _____			
B. _____			
C. _____			
<b>Subtotal</b>	\$0	\$0	
<b>OTHER:</b>			
A. _____			
B. _____			
C. _____			
D. _____			
<b>Subtotal</b>	\$0	\$0	
<b>TOTAL REQUEST:</b>	\$0	\$0	

- |                                      |                                       |     |
|--------------------------------------|---------------------------------------|-----|
| 1. Total Proposed Grant Project:     |                                       | \$0 |
| 2. Federal JAG Request:              | _____ of total proposed grant project | \$0 |
| 3. Non-Federal Cash Match Amount:    | _____ of total proposed grant project | \$0 |
| 4. Non-Federal Cash Match Source(s): | _____                                 |     |

\_\_\_\_\_  
Signature of Authorized Certifying Official